

AMENDMENT TO THE DAY PLAN

CONSUMER: _____

AMENDMENT DATE: _____

Check the appropriate amendment category:

- | | |
|--|--|
| <input type="checkbox"/> The consumer has met a goal/objective | <input type="checkbox"/> The consumer is not progressing toward the goal/objective |
| <input type="checkbox"/> The consumer has requested a change | <input type="checkbox"/> A new goal/objective is recommended |
| <input type="checkbox"/> Other: _____ | |

EXPLANATION AND RECOMMENDATIONS: _____

SIGNATURES:

Consumer

Director/designee or Lead Clinical Staff